



Incident Report

Print Date/Time: 05/16/2016 08:11
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008691

Incident Date/Time: 5/8/2016 12:38:58 PM
Location: SR 9 NE / SR 92
MARYSVILLE WA 98270
Phone Number: (425) 750-7113
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	ANGELA, CHERYL LYNN					11/05/1971
2	Driver	DUPAPE, LYNDZE MICHELLE					11/01/1992
3	Reporting Party	ANGELO, CHERYL		(425) 750-7113			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2011			Black	ADE4520	WA
Involved Vehicle	Passenger Car	1996	Oldsmobile		Brown	AHC4326	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/08/2016 : 13:04:29 ss0127 Narrative: V1 LIC: ahc4326

V2 LIC: ade4520

05/08/2016 : 12:40:24 SP0338 Narrative: REAR END , LR338

05/08/2016 : 12:39:55 SP0338 Narrative: CC, NON INJ, NON BLKING, BLK SORETO VS GLD BRAVADA , NB LNS


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E542059
CASE # 2016-00008691
LOCAL AGENCY CODING
TOTAL # OF UNITS 02 **OBJECT STRUCK**
TRIBAL RESERVATION
DATE OF COLLISION 05 - 08 - 2016 **TIME (2400)** 1238 **COUNTY #** 31 **MILES** N ☐ E ☐ IN ☒ OF **CITY #** 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ **NON-INTERSECTION** ☒ **SR9** **BLOCK NO.** ☒ **3400** **MILE POST**
DISTANCE **MILES** ☐ **FEET** ☐ **OF (REFERENCE OR CROSS STREET)** N ☐ E ☐ S ☐ W ☐
UNIT 01 **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **DAMAGE THRESHOLD MET** YES ☒ NO ☐ **PHONE** D: 4259220484

LAST NAME DUPAPE **FIRST NAME** LYNDZE **MIDDLE INITIAL** M

STREET NEW ADDRESS 11315 22ND PL NE

CITY LAKE STEVENS **ST** WA **ZIP** 982589559

CDL **RESTRICTIONS** **ENDORSEMENTS**
DRIVER'S LICENSE # DUPAPLM085QA **STATE** WA **SEX** F **D.O.B.** 11 - 01 - 1992

ON DUTY ☐ **STATUS** **AIRBAG** 2 **RESTR.** 9 **EJECT** 9 **HELMET USE** 9 **INJURY CLASS** 1 **NATURE OF INJURIES**
LICENSE PLATE # AHC4326 **STATE** WA **VIN#** 1GHDT13W8T2703640

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR 1996 **MAKE** OLDS **MODEL** BRAVA **STYLE** UT **VEHICLE TOWED** YES ☐ NO ☒ **TOWED BY** **GOVT. VEHICLE** YES ☐ NO ☒
REGISTERED OWNER INFO. HARRY DUPAPE 11315 22ND PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** PROGRESSIVE 909562457

VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
UNIT 02 **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** YES ☒ NO ☐ **PHONE** D: 4257507113

LAST NAME ANGELA **FIRST NAME** CHERYL **MIDDLE INITIAL** L

STREET NEW ADDRESS 4331 LK WASH BLVD NE APT 7014

CITY KIRKLAND **ST** WA **ZIP** 980337943

CDL **RESTRICTIONS** B **ENDORSEMENTS**
DRIVER'S LICENSE # ANGELCL295QE **STATE** WA **SEX** F **D.O.B.** 11 - 05 - 1971

ON DUTY ☐ **STATUS** **AIRBAG** 2 **RESTR.** 9 **EJECT** 9 **HELMET USE** 9 **INJURY CLASS** 7 **NATURE OF INJURIES** NECK PAIN

LICENSE PLATE # ADE4520 **STATE** WA **VIN#** 5XYKWD A26BG122423

TRAILER PLATE # **STATE** **TRAILER PLATE #** **STATE**
VEH. YEAR 2011 **MAKE** KIA **MODEL** SOR4D **STYLE** UT **VEHICLE TOWED** YES ☐ NO ☒ **TOWED BY** **GOVT. VEHICLE** YES ☐ NO ☒
REGISTERED OWNER INFO. CHERYL ANGELA 341 ELIZABETH ST APT B MONROE WA 98272

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** FARMERS 194897985

VEHICLE LEGALLY STANDING YES ☐ NO ☐ **CITATION #** **CHARGE**
OFFICER'S NAME (PRINT) N. ADAMS **BADGE OR ID #** 0127 **AGENCY** WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542059**CASE # **2016-00008691**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

On 05/08/16 at about 1238 hours (all times approximate), I responded to a collision that was in the 3400 block of SR9 (just south of SR92) in the city of Lake Stevens.

Vehicle 2 (LIC: ADE4520) was traveling northbound near the 3400 block of SR9 as Vehicle 1 (LIC: AHC4326) followed directly behind.

Vehicle 1 slowed for traffic and Vehicle 2 collided into the rear of Vehicle 2. The driver of Vehicle 2 stated something outside her vehicle on her left distracted her, which caused her to look away from the slowing traffic in front of her.

END OF REPORT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Nathan Adams #127

5/9/2016

Lake Stevens, WA

Officer

Date

Location Signed

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS

05-09-16 07:40 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

M. HINGTGEN 0126

5/10/2016 5:03:09 PM

BADGE OR ID #

0127

ORI #

WA0311900

TIME POLICE DISPATCHED

12:40 PM

TIME POLICE ARRIVED

12:48 PM

REPORT NO. E542059

CASE # 2016-00008691

DATE AND TIME
OF COLLISION 05/08/16 12:38



NOT TO SCALE

